50	CHEDULE B (FEC Form 3)	Use seperate schedule(s)			FOR LINE NUMBER: PAGE 68 / 77		
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check onl	y one) 17 18 20a 20b	19a 19b 20c X 21	
	y Information copied from such Reports and Statem for commercial purposes, other than using the name						
\rangle	NAME OF COMMITTEE (In Full) Friends of Rahm Emanuel						
Α.	Full Name (Last, First, Middle Initial)				Transaction ID: D1		
	Friends of John C D'Amico				Date of Disbursement 0 6 1 9 2 0 0 6		
	Mailing Address 4406 W. Lawrence Avenue				0 6 1 9	2006	
		State IL	Zip Code 60630		Amount of Each Dis	bursement this Period	
	Purpose of Disbursement Political Contribution				250.00 Refund or Disposal of Excess		
				Category/ Type	Contributions Required Under 11 C.F.R. 400.53	equired Under	
	Senate President	ment For: Primary Other (spe	2006 X General ecify) ▼				
	State: District: Full Name (Last, First, Middle Initial) Transaction ID: D127124						
В.	Friends of Margaret Laurino				Transaction ID: D1 Date of Disburseme		
	Mailing Address 5801 N. Kenneth Avenue				06		
	•	State IL	Zip Code 60646		Amount of Each Dis	bursement this Period	
	Purpose of Disbursement Political Contribution				Refund or Disposal of Excess	250.00	
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Senate President	ment For: Primary Other (spe	2006 X General				
	State: District: Full Name (Last, First, Middle Initial)				Transaction ID: D1	26400	
C.	Friends of Tammy Duckworth				Date of Disburseme	nt	
	Mailing Address 416 West 22nd Street				$\begin{bmatrix} M & M \\ 0 & 4 \end{bmatrix}$	2006	
		State IL	Zip Code 60148		Amount of Each Dis	bursement this Period	
	Purpose of Disbursement Contribution-Federal Candidate				Defund or Diana	2000.00	
	Candidate Name Tammy Duckworth			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: X House Disburse Senate President	ment For: Primary Other (spe	2006 X General				
	State: IL District: 6		··J/ ▼				
0	UBTOTAL of Disbursements This Page (optional) .					2500.00	
				<u></u>			
1 T	OTAL This Period (last page this line number only)			.			